

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10149091

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7		1				
8						
9		1				
10						
11		1				
12		1				
13						
14						
15						
16						
17						
18		1				
19		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		14				
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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60						
61						
62						
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69						
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71		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						